

# Collision Checklist

- 1. Remain calm, if possible move your vehicle off the travel portion of the roadway, and put your hazard lights on.
- 2. If it is a serious collision and there are possible injuries, call 911.
- 3. **“ADMIT NO FAULT”** - what you say in your excited state may not be what you intended to say.
- 4. Get your emergency triangles out to warn other motorists of an emergency, and prevent another accident from happening.
- 5. Call your supervisor and report the accident.
- 6. Collect details of the other people, and vehicles involved:
  - Exchange names, addresses, contact information, licence information, insurance company and policy number (see Collision Worksheet 1).
  - Obtain contact information of any witnesses who are at the scene (see Collision Worksheet 2).
- 7. Take photographs - not only of the damage to the vehicles, but take panoramic photos showing road and weather conditions, intersections, or construction.
- 8. Complete a detailed report of the accident exactly as you recall, documenting only the facts as you know it (see Collision Worksheet 3).

## NOTE:

If there are no injuries, and the vehicle(s) can be safely driven, proceed to the nearest Collision Reporting Centre with all the pertinent information gathered from the collision scene (Collision Worksheet 1, 2 and 3).

Check and assess the damage of the vehicle(s). Any combined damage that is over \$2,000 is required to be reported within 24 hours.

If the collision has left your vehicle immobile, you should call a tow truck to have it taken to the nearest Collision Reporting Centre.

If there is no Collision Reporting Centre in your area, 911 will direct the local police service to your collision location.

# Collision Worksheet 1

## OTHER DRIVER AND VEHICLE INFORMATION

If more vehicles are involved, complete information on a separate sheet and attach.

### Driver/Vehicle 1

Name:	Phone Number(s):
Address:	
Driver's Licence Number:	Vehicle Make/Year/Colour:
Registered Owner:	Vehicle VIN:
Insurance Company:	Policy Number:
Damage to Vehicle:	
Number of Passengers (list names and position in the vehicle):	

### Driver/Vehicle 2

Name:	Phone Number(s):
Address:	
Driver's Licence Number:	Vehicle Make/Year/Colour:
Registered Owner:	Vehicle VIN:
Insurance Company:	Policy Number:
Damage to Vehicle:	
Number of Passengers (list names and position in the vehicle):	

# Collision Worksheet 2

## WITNESS INFORMATION

Name:	Phone Number(s):
Address:	

Name:	Phone Number(s):
Address:	

Name:	Phone Number(s):
Address:	

## ATTENDING POLICE OFFICER INFORMATION

Name:	Badge Number:
Division:	Business Phone Number:

## TOWING COMPANY INFORMATION

Company Name:	Driver Name:
Truck Number:	Towed To:

## OTHER EMERGENCY SERVICES INFORMATION

<input type="checkbox"/> 911 called Time arrived: _____ a.m./p.m.	Which EMS were involved?
<input type="checkbox"/> EMS on the scene Time arrived: _____ a.m./p.m.	<input type="checkbox"/> Fire Department
	<input type="checkbox"/> Police
	<input type="checkbox"/> Ambulance

# Collision Worksheet 3

## COLLISION REPORT

Motor vehicle accidents can be very stressful. Shock and excitement can make it hard to think clearly. If you are involved in an accident, this worksheet will help to ensure you record important details about the accident at the scene. Keep this worksheet in your vehicle along with a good pen.

Date:	Time:
Location:	Weather Conditions:
Road Conditions:	Estimated Speed of Vehicle:
Description of Accident:	
Diagram of Accident:	

**NOTE:** Remember to take photographs.